

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
**UNEMPLOYMENT INSURANCE AGENCY**  
Cadillac Place – Tax Office – Suite 11-500  
3024 W Grand Blvd Detroit, MI 48202  
PHONE: (800) 638-3994 FAX: (313) 456-2131  
www.Michigan.gov/uia



## UIA Schedule B - Successorship Questionnaire

Issued under authority of the *Michigan Employment Security Act* of 1936, as amended, MCL 421.1 et seq. Filing is mandatory for employers.

**You must complete all items on this form accurately and completely. Failure to do so may subject you to the penalties provided under the *Michigan Employment Security (MES) Act*. Attach additional sheets if necessary.**

**Successorship Reporting Requirement.** If you acquired any part of the Michigan assets, organization (payroll/employees), trade, or business of another employer, or of another of your own companies or subsidiaries, as defined in Part 3 of this form, by purchase, rental, lease, inheritance, merger, foreclosure, bankruptcy, gift or any other form of transfer, you must provide the following information. You must complete this form whether you are a new business or an already-existing business. If you are not filing this Schedule B with a Form 518 because you are an already-existing business, mail this Schedule B to: Unemployment Insurance Agency, Tax Office, Suite 11-500, 3024 West Grand Blvd., Detroit, MI 48202.

If you made multiple acquisitions, you must file a separate UIA Schedule B for each acquisition (copies of this form are acceptable). **If you made no acquisitions of assets, organization (payroll/employees), trade, or business of another employer or of another of your own companies or subsidiaries check this box ☐, sign, date and return this form to the above address.** If subsequent to completing a Form 518 *Registration Report*, you acquire the assets (by sale or transfer), organization (payroll/employees), trade (customers/accounts), or business (products/services), in whole or in part, of a new or previously existing business in Michigan, it is **mandatory** that you notify this Agency **immediately** by completing a UIA Schedule B.

UIA Account Number  
(if already assigned)

Federal Employer Identification No.

### PART I: QUESTIONS ABOUT PRIOR OR CURRENT BUSINESS FORMATIONS, ACQUISITIONS OR MERGERS

For each of the following five business formation, acquisition or merger types, the employer must indicate the pertinent business name, address and UIA Account Number in the space provided.

**1. In the past 6 years, you formed, acquired or merged with a business by any means.** If not applicable, check box.

Business Name and Address	UIA Account Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

a. If you formed a new business, what assets did you acquire from the previously existing business? (check all that apply)

☐ Land ☐ Buildings ☐ Furniture/Fixtures ☐ Equipment ☐ Inventory ☐ Accounts Payable ☐ Goodwill ☐ None

b. If you purchased, acquired or merged with an existing business by any means (including lease), what assets did you acquire? (check all that apply)

☐ Land ☐ Buildings ☐ Furniture/Fixtures ☐ Equipment ☐ Inventory ☐ Accounts Payable ☐ Goodwill ☐ None

c. What was the business activity of the previous business?

**2. At the current time, you are forming, or acquiring, a business by any means.** If not applicable, check box. ☐

Business Name and Address	UIA Account Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

a. If you formed a new business, what assets did you acquire from the previously existing business? (check all that apply)

☐ Land ☐ Buildings ☐ Furniture/Fixtures ☐ Equipment ☐ Inventory ☐ Accounts Payable ☐ Goodwill ☐ None

b. If you purchasing or acquiring an existing business by any means (including by lease), what assets are you acquiring? (check all that apply)

☐ Land ☐ Buildings ☐ Furniture/Fixtures ☐ Equipment ☐ Inventory ☐ Accounts Payable ☐ Goodwill ☐ None

c. Will the owner of the previous business continue to operate or manage the business being registered by this form?

☐ Yes ☐ No

**PART I: QUESTIONS ABOUT PRIOR OR CURRENT BUSINESS FORMATIONS, ACQUISITIONS OR MERGERS (continued)**

d. What was the business activity of the previous business?

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e. What will be the business activity, if any, of the previous business after the new business being registered is formed?

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f. What will be the business activity of the new business being registered by this form?

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**3. At the current time, you are incorporating an existing business entity.** If not applicable, check box.

Business Name and Address	UIA Account Number

a. What was the business activity of the business entity you are incorporating?

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b. What will be the business activity of the new business being registered is formed?

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**4. At the current time, you are merging, by any means, with one or more business entities.** If not applicable, check box.

Business Name and Address	UIA Account Number

a. If you are purchasing or acquiring an existing business by merger, what assets are you acquiring? (check all that apply)

☐ Land ☐ Buildings ☐ Furniture/Fixtures ☐ Equipment ☐ Inventory ☐ Accounts Payable ☐ Goodwill ☐ None

b. If you are forming a new business, what assets are you acquiring from a previously existing business? (check all that apply)

☐ Land ☐ Buildings ☐ Furniture/Fixtures ☐ Equipment ☐ Inventory ☐ Accounts Payable ☐ Goodwill ☐ None

c. Will any owner of the merging business continue to operate or manage the business being registered by this form?

☐ Yes ☐ No

d. What was the business activity of the merging business?

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e. What will be the business activity of the continuing business being registered by this form?

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**5. You are intending to form a business at a future time, by any means.** If not applicable, check box.

☐ Yes ☐ No

If yes, please explain:

<b>PART II: FORMER OWNER INFORMATION</b>	
Former Owner's Name	Former Owner's UIA Account Number or FEIN, if known.
Corporate Name or DBA	Area Code & Telephone Number
Current Street Address (not a P.O. Box)	
City, State, ZIP	

<b>PART III: ACQUISITION INFORMATION</b>	
<b>1. Did you acquire all, part, or none of the <b>assets</b> of any former <b>business</b>?</b>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> All    <input type="checkbox"/> Part    <input type="checkbox"/> None         </div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <div style="flex: 1;">What Percent? %</div> <div style="flex: 1;">Date Acquired</div> </div> </div>
<b>2. Did you acquire all, part, or none of the <b>organization</b> (employees/payroll/personnel) of any former business?</b>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> All    <input type="checkbox"/> Part    <input type="checkbox"/> None         </div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <div style="flex: 1;">What Percent? %</div> <div style="flex: 1;">Date Acquired</div> </div> </div> <p style="margin-left: 20px;">a. If all or part, indicate the percent and date acquired.</p> <p style="margin-left: 20px;">b. Did you acquire all or part of the employees/payroll/personnel of any former business by leasing any of those employee/payroll/personnel?</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div> <div>(If yes, provide a copy of your lease agreement)</div> </div>
<b>3. Did you acquire all, part, or none of the <b>trade</b> (customers/accounts) of any former business?</b>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> All    <input type="checkbox"/> Part    <input type="checkbox"/> None         </div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <div style="flex: 1;">What Percent? %</div> <div style="flex: 1;">Date Acquired</div> </div> </div>
<b>4. Did you acquire all, part, or none of the former owner's Michigan <b>business</b> (products/services) of any former business?</b>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> All    <input type="checkbox"/> Part    <input type="checkbox"/> None         </div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <div style="flex: 1;">What Percent? %</div> <div style="flex: 1;">Date Acquired</div> </div> </div>
<b>5. Was the Michigan business described in 1-4 above being operated at the time of acquisition? If no, enter the date it ceased operation.</b>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div> <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;">             Month  <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="text-align: center; margin-right: 10px;">             Day  <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="text-align: center;">             Year  <div style="border: 1px solid black; width: 60px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> </div> </div>
<b>6. Are you conducting the Michigan business you acquired?</b>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div> </div>
<b>7. Is your Michigan business substantially owned or controlled in any way by the same interests that owned or controlled the organization, business or assets of a former business?</b>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div> </div>
<b>8. Did you hold any secured interest in any of the Michigan assets acquired?</b>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div> <div>If yes, enter balance owed</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">\$</div> </div>
<b>9. Enter the reasonable value of the Michigan organization, trade, business or assets acquired?</b>	<div style="border: 1px solid black; padding: 2px; text-align: center;">\$</div>

**Providing inaccurate or incomplete information in this Registration, or UIA Schedules A or B, will be evidence of intentional misrepresentation and may subject you to the civil and/or criminal penalties in Sections 54 and 54b of the *Michigan Employment Securities (MES) Act*.**

Print Name of Owner/Officer			Signature of Owner/Officer
Title	Telephone Number	Date	
Print Name of Owner/Officer			Signature of Owner/Officer
Title	Telephone Number	Date	

**Mail this Schedule B to: Unemployment Insurance Agency, Tax Office, Suite 11-600, 3024 West Grand Blvd., Detroit, MI 48202**